## EXHIBIT 5

	Acct #: Name VINCO
Lutheran Medical Center Side 1 of 4 Brooklyn, New York 1 1220	Patient's Name: VINSON SJEPHEN Sex: M DOB Admit Date: 12/22/2013 Medical Revord Program 4202P Children
Critical-Care/Progressive Care	Medical Record Dr: 9928 TRAUMA, NEMR
MPORTANT: Nursing Record	Physician's Name
Provider sign your name, enter date and time.  Zigo NOT USE the following abbreviations: U, IU, QD, QOD, MS.	
MSD4 MgSB4: [4 (write inicial), use 0.1 not 1; use 2 not 2.0	Patient Information Label
Date 1 12 Type Shift To be completed at	
194241 5 1870 H RAM OPM least once per shift]	
	alarms reviewed and individualized
Pan Pan	Lin Conerent
Grips Right L. Moves Spontaneously to Commands	irips: Left / [A] Moves Spontaneously to Commands
District Week Placing Contracted NIA	Strong Weak D Flacold Contracted N/A
☐ Fixed. ☐ Dilated. ☐ Constricted. ☐ N/A. A. N. M.	Fixed □ Dilated □ Constricted □ N/A N/A
CARDIOVASCULAR OVT Propriyade	Pharmacology Absent Present
PULSES: Palpable RADIAL VI Right Light DORSALIS	
Donner Distance Distance PEDIS	Right Left Right Left
PACEMAKER.	□ Right □ Left
L Ferricorary Milampares Rate See TPer	
HEMODYNAMIC MONITORING UNA	
Distra Circutation Intect	M ART CATH via Insertion con liftetion for PCWP Date
Square Wayer list completed	quars Wave test completed
PULMONARY	Bilisterally Clear Other
Alrway Endetraches Coal Ness Traches Traches	Wheezes* ☐ Rales* ☐ Diminished* ☐ Rhonchi* ☐ Absent*
Size Size	☐ NonInvasive Ventilator Against Orders
□ Camula / JUL □ Nask	Cough Requires Suctioning*
Chest Tubes Audio: Plate Tie	☐ Productive ☐ Nonproductive
Chest Tubes Living Fright Tipe Cont. Suction on Che	
L No Air Leak	☐ Gravity ☐ Low Cont. Suction +cm ☐ No Air Leak ☐ Fluctuates with Respirations
GASTROINTESTINAL NOT To Suction To Gravity	□ Peg Drainage Color BLANL
☐ Clamped ☐ Placement Checked ☐ Other	☐ Green ☐ Brown ☐ Other*
1 M 1/N	continent Stool
PAIN SCALE )	Stool Fecal Incontinent System Ustomy
(0-10) Pressure Ulcer	ELE and harding
SKIN Dry Other Yes' II No	Left Turned at least every 2 hours
	NITO DVoiding Incontinent Wi Foley care
Zi high Risk UR	NARY Other Disoley D/C'd Due to void
Isolation Airborne Droplets Contact Concentrated	☐ Cloudy ☐ Yellow Diatysis ☐ Peritoneal ☐ Hematuria ☐ ☐ Hemodialysis ☐
*RN note required Pupil Size (mm) 7 8 9	tot (100 (no. 100) 245 LJ
5 2 4	
RN/Signature COV	RN Signature
RMSkgnature  RMSkgnature  RN Signature  Print Name  Print Name	RN Signature Print Name

Lutheran Medical Center Side 3 of	PIR #:
Lutheran Medical Center Side 3 of Brooklyn, New York 11220	Patient's Name (La Name : VINSON STEPHEN Sex: M DOB
Critical-Care/Progressive Care	Admit Date: 12/22/2013  Medical Record Ni Loc: SCU 4202P Ch Loc: )ate
IMPORTANT: Nursing Record	Medical Record Ni Loc: SCU 4202P Ch Loc: Dr: 9928 TRAUMA, NEMR
Provider, sign your name: enter date and time	Physician's Name
2. DQ NOT USE the following abbreviations: 11 ULOD DOD MS	ander begeinen der 11 MI
MSO4 , MgSO4, μ (write "micro"), use 0.1 not.1; use 2 not 2.0  I. PHYSICAL ASSESSMENT	Patient Information Label
Date Time Shift	☐ ICU ☐ MICU ☐ SICU ☐ CCU ☐ Respiratory Stepdown
12 JUB TO AM PM least once per shift]	☐ Intermediate ☐ PCI Unit ☐ Post Op
Activity CBR NClinics	al alarms reviewed and individualized
NEUROLOGICAL LOC: Responsiveness Orien	station (C
See Neurological Flowsheet	
Grips: Right Moves Spontaneously to Commands	Grips: Left
Strong D'Work Description	Strong Weak   Flaccid   Contracted   N/A
	Pupils: Left Reactive Size
CARDIOVASCULAR DVT Prophylexis	☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A Sw
·	Pharmacology
ez eve rodonar i krijiliosi	ZZZ-Tesent
PULSES: Palpable RADIAL: Right Left DORSALIS Doppler Right Left PEDIS	The state of the s
Absent* Right Left	CE ragin test
PACEMAKER:	□ Right □ Left □ Right □ Left
☐ Temporary Milliamperes Rate ☐ Perr	nanent AICD AICD/Pacemaker
HEMODYNAMIC MONITORING NIA	
Arterial LINE via R Radial insertion PUI	M ART CATH via Insertion
Distal Circulation Intact Date Ball	oon inflation for PCWP Date
Dec-large and the second secon	quare Wave test completed
PULMONARY Symmetrical Distributioned	reath Sounds Silaterally Clear Other
Labored Accessory Muscle Use Other*	Wheezes* Rajes* Diminished* Decases Co.
Airway: Endotracheal    Oral    Nasal    Trachea    Trachea    Trachea	re
SizeLevelSize_	Against Orders  Noninvasive Ventilator
☐ Cannula ☐ Mask	Cough ☐ Requires Suctioning*
T-Piece Other	Productive Nonproductive
Cheef Tubes Anterior ☐ Right ☐ Left Chee	st Tubes Posterior
Gravity Cont, Suction +cm	/A
☐ No Air Leak ☐ Fluctuates with Respirations	☐ Gravity ☐ Low Cont, Suction +cm ☐ No Air Leak ☐ Fluctuates with Respirations
GASTROINTESTINAL NGT To Suction To Gravity	Peg Drainage Color
☐ Clamped ☐ Placement Checked ☐ Other	
	Green Brown Other*
THE THE PARTY OF T	Stool  Fecal Incontinent System — Ostomy
PAIN SCALE LE / OF	Location Quality
(0-10) 7/10	Guanty
SKIN Pressure Ulcer	☐ Turned at least every 2 hours
L JØry ☐ Other* ☐ Yes* ☑ No	Moves Independently
The state of the s	INTO ☐ Voiding ☐ Incontinent ☐ Foley care  NARY ☐ Other* ☐ Foley D/C'd* ☐ Due to void —
Urine ☐ Clear ☐	
Concentrated	Hematuria
*RN note required Pupil Size (mm)	
RN Signature RN Signature	RN Signature
Print Name Print Name	Print Name

1 . 45-		Δ	R #:
	eran Medical Center sid dyn, New York 11220	e io 14 iParoents Name i∟a. ⊾	AMAL MINISTER OFFICE
Critical-C	are/Progressive Ca	Medical Record Ni L	dmit Date: 12/22/2013 oc: SCU 4202P Ch Loc: )ate r: 9928 TRAUMA, NEMR
IMPORTANT: NI	ursing Record	D	r: 9928 TRAUMA, NEMR
Provider, sign vour name: anter	date and time	Physician's Name	
2. DO NOT USE the following abi	breviations: U, IU, QD, QOD, MS, icro"), use 0.1 not .1 ; use 2 not 2.0	•	
I. PHYSICAL ASSESSME	INT		atient Information Label ()
	Shift ITe he serviced	☐ ICU ☐ MICU	SICU CCU Respiratory Stepdown
12/29/13 Time 40A	AM DPM least once per sh	ift]   Intermediate	☐ PCI Unit ☐ Post Op
Activity CM	· · · · · · · · · · · · · · · · · · ·	<del></del>	
NEUROLOGICAL	LOC: Responsiveness	Orientation X pages	10
See Neurological/Flowsheet	KLAlert	VIS PERSON	Speech Coherent Incoherent
	☐ Verbal ☐ Unresponsive	N Place	
		N/A Strong W	ves Spontaneously to Commands
Pupils: Right A Reactive	Size	Pimile Left NI Dan	eak ☐ Flaccid ☐ Contracted ☐ N/A ctive Size
☐ Fixed ☐ Dilated ☐	Constricted □ N/A 3M N		Dilated Constricted N/A SMM
CARDIOVASCULAR	DVT Prophylaxis	14	Edema:
See Vascular Flowsheet	Mechanical	Pharmacology	Absent Present*
		RSALIS: Right Da Left	POST TIBIAL: Right VI Left
Doppler Absent*		EDIS (TRight (T) Left	Right Left
PACEMAKER:	Right Left	☐ Right ☐ Left	☐ Rìght ☐ Left
☐ Temporary Milliamperes	Rate	Permanent AICD	☐ AICD/Pacsmaker
HEMODYNAMIO MONITO	ORING NA		CO MOON CONTRACT
Arterial LINE via	Insertion 12/23	PULM ART CATH via	<u> </u>
Distal Circulation Intact	Date	Balloon Inflation for PCWP	————— ☐ Insertion ————————————————————————————————————
Square Wave test completed		☐ Square Wave test comple	eted
PULMONARY	Symmetrical Nonlabor	ed Breath Sounds	Bilaterally Clear Other*
Labored	Accessory Muscle Use Off		
Airway: Endotracheal	☐ Nasal Trachea ☐ Tr	rach Care	
Size Level	Size	i	Against Orders NonInvasive Ventilator
☐ Cannula ← V	☐ Mask	Cough	
☐ T-Piece	Other	٠.	Requires Suctioning*  Nonproductive
Chest Tubes Anterior Ric		Chest Tubes Posterior	/
LI N/A	Low Cont. Suction +cm	□ N/A	☐ Right ☐ Left
, —	Fluctuates with Respirations	☐ Gravity	Low Cont. Suction +cm
CACTDOMTECTALL			Fluctuates with Respirations
		avity 🗌 Peg	Drainage Color Dull TWO
Abdomen Soft Tender	t Checked Other  Bowel Sounds		☐ Green ☐ Brown ☐ Other
Distended Other*	· · · · · · · · · · · · · · · · · · ·	Incontinent	0.4
PAIN SCALE 2/11	Absent* N Present		ntinent System Ostomy
(0-10)	:	Location /	Quality
SKIN Warm	Pressure Ulcer		it least every 2 hours
Dory Other	* □ Yes* 1 1		idependently
PRECAUTIONS Seizure	☐ Aspiration ☐ Other*	GENITO Voiding	☐ Incontinent
☐ High Risk		URINARY Other	□ Foley D/C'd • □ Due to void ─
solation Airborne Droplet	Urine V C	lear Cloudy Yellow	
S Isolation Airborne Droplet	s Contact Concentrate	ed Hematuria	Hernodialysis
*RN note required Fupil Size (r	nm) 2 7 8	9	
*RN note required Pupil Size (r			
	RN Signature		RN Signature
Print Name	Print Name		Print Name
Bouning Hung	DIMIY.		Court (Askila

							Acct #			
		heran Medical (		Side 3 c	of 4 (Patient	's Name (Last			HEN	<del></del> ,
•	Critical-0	okiyn, New Yorl Care/Progi	K 1122U rossivo	Cara	Medic	al Docord Nice	Hawit D	NSON STEP DOB: te: 4202P C TRAUMA		
				Care	MIGGIC	a veraia viiil	Ur: 9928	TRAUMA C	h Loc:	ie
IMPORTANT: 1. Provider, sid	ויז o your name; ent	lursing Re	cora		Physic	ian's Name			l III	
2. <u>DO NOT US</u>	SE the following a	bhrevistione: U. III.	QD, QOD, M	S,				.=:41 1 (E 1 (1 (1		
MISO4, Mg	iSO4, μ (write "i NLASSESSM:	micro"), use 0.1 nal	l.1; use 2 no	t 2.0		0	atient Inf	ormation L	abel	0
Date	Time	Shift .	1.			CN 🗆 WICK	y <b>∑</b> ′sicu	□ ccv	Res	piratory Stepdov
25/12	86	□ AM X PM	To be compleast once p			Intermediate	□PC		☐ Pos	
Activity				X Clini	ical alarm	is reviewed	and indiv	idualized		
NEUROLO	GICAL	LOC: Respons		Or	ientation	Person	Speech	<b>S</b> Coh		
See Neuro	logical Flowsheet	☐ Verbal	☐ Pair Unrespons		<b>⊠</b> Plac		A Flehm	red □ Aph		Incoherent
Grips: Right	Moves Spo	ontaneously to Com	mands		Grips: Le			ed LJ Apri eously to Con	asic (	☐ intubated/Tra
(X)Strong	□ Weak	☐ Flaccid ☐	Contracted	□ N/A	<b>X</b> Istr	ong 🗀 V	Veak 🗀		Contr	acted N/A
Pupils: Right	Reactive	<b>-</b>	Size		Pupils:	Left 🕡 Re	sctive			Size
CARDIOVA	Dilated [	DVT Prophylaxi	3 14/7	LYNYY				Constricted	□ N/A	Zmm
	ular Flowsheet		s Mechanica	el .	🕅 Pharma	S SH veoloo	© Ede	ma: XPAbsent		Present*
1		DIAL: 🛱 Rìght	<b>⅓</b> Left	DORSA	LUS: (ZI)R	ight XQ Lef	POST	TIBIAL: 8	Right	<b>Æ</b> )Left
1	loppler .bsent*	☐ Right	Left	PEDI				10	] Right	Left
PACEMAKER:	DSGR	Right	Left	······································	□R	ight 🗆 Lef	<u> </u>		Right	Left
☐ Tempora	ry Milliamperes	り付 Rate		🗆 P	ermanent	☐ AIC	в Па	AICD/Pacema	kor	
	AMIC MONIT		√A		<del></del>			1		
Arterial LINE vi	ia (R) radio	al 🛛 Ins	ertion/	_ F	PULM ART	CATH via	6	la r	7	
Distal Circul	ation Intact	/~ Dat	te <u>23/</u>			ion for PCWP		<del></del>	insed Date	ton
MiSquare War	ve test completed					ave test comp		<del></del>		
!						AND REST COLLIS	HCLES I			
Distratora	Respirati	ons Symmet	rical XON	·	Breath Sc		****	ly Clear		hor²
PULMONA	\RY ☐ Labore	XLSymmet	,	onlabored	Breath Sc	unds	(X) Bilateral		Oth	
Airway: Endotra	Labore	XLSymmet	Muscle Use	onlabored	Breath So	unds es⁺ □ Ral	Ößilateral ee '□ Dir	ninished*	Rhonc	hi* 🗆 Absent
Airway: Endotra	Labore Labore	d Accessory i	Muscle Use Trachea	onlabored Other*	Breath So Wheez Care	es* Ral	Dir lator □ V	ninished* [	Rhonc	
Airway: Endotra	ARY ☐ Labore acheal ☐ Oral  2  4   Leve	d Accessory I	Muscle Use Trachea Size	onlabored	Breath So Wheez Care	res* ☐ Ral	Bilateral es Dir later V  Noninvasive	ninished* [ AP Bundle Ventilator 10	Rhonc Se A	hi* Absent titings Checked ainst Orders
Airway: Endotra	Labore Labore	XILSymmet d	Muscle Use Trachea	onlabored Other*	Breath So Wheez Care	es* Ral	Bilateral es Dir lator V  Noninvasive	ninished*  AP Bundle Ventilator 12 as Suctioning*	Rhonc Se A Ag	hi* Absent tilngs Checked einst Orders
Airway: Endotra	ARY Labore acheal Oral NIA Leve	MaskOther	Muscle Use Trachea Size	Onlabored Other* Trach	Breath So Wheez Care	ces* Rel	Bilateral es ' Dir lator V Noninvasive Require	ninished*  AP Bundle Ventilator 1 <sup>2</sup> as Suctioning* tive  Nonp	Rhonc Se A Ag	hi* Absent tilngs Checked einst Orders
Airway: Endotra	ARY Labore scheal Oral P /A Leve  Z1- 07  Anterior D F	XLSymmet   Accessory f   Nasal     Mask   Other     Right   Left	Muscle Use Trachea Size	Onlabored Other* Trach	Breath So Wheez Care	ces* Rel	Bilateral es Dir lator V  Noninvasive	ninished*  AP Bundle Ventilator 12 as Suctioning*	Rhonc Se A Ag	hi* Absent tilngs Checked einst Orders
Airway: Endotra	ARY Labore scheal Oral PAR Leve 2LOZ Anterior Fravity [	XL Symmetr   Accessory     Nasal     Mask     Other     Left     Low Cont. Suction	Muscle Use Trachea Size	Onlabored Other* Trach	Breath So  Wheez Care A	ces* Ral Venti Cough Posterior Gravity	Bilateral ee ' Dir lator V Noninvasive Require Require Right Low Co	ninished*  AP Bundle Ventilator 1 <sup>2</sup> as Suctioning* tive  Nonp Left ont Suction +	Rhonc Se A A P Poroductiv	hi* Absent titings Checked einst Orders
Airway: Endotra	ARY Labore scheal Oral PARY Leve 2LOZ  Anterior F swity C Air Leak C	XLSymmet   Accessory     Nasal	Muscle Use Trachea Size  on +c Respirations	onlabored  Other* Trach  P	Breath Sc  Wheez Care  A  hest Tubes JWA	ces*	Bilateral ee ' Dir lator V Noninvasive Require Require Right Low Co	ninished* AP Bundle Ventilator 1 <sup>2</sup> as Suctioning* tive	Rhonc Se A A P Poroductiv	hi* Absent titings Checked einst Orders
Airway: Endotra	Labore acheal Oral Core Core Core Core Core Core Core Core	XLSymmet   Accessory f   Nasal   Nasal   Other     Cother     Left   Low Cont. Suction     Fluctuates with R	Muscle Use Trachea Size on +c Respirations	Onlabored Other* Trach P v	Breath Sc  Wheez Care  A  hest Tubes JWA	ces* Rel Venti Cough Posterior Gravity	Bilateral ees Dir lator V Noninvasive Require Product Right Low Co Fluctua Drainag	ninished*  AP Bundle Ventilator I <sup>N</sup> as Suctioning* tive	Rhonc   Se   Se   Ag   Ag   P   P   P   P   P   P   P   P   P	hi* Absent titings Checked einst Orders  1) re
Airway: Endotra Size Size T-Piece Chest Tubes Sin/A GASTROINT	ARY Labore scheal Oral A) A Leve  2-1-0-2  Anterior Fravity C Air Leak C Placem	XLSymmet   Accessory     Nasal       Mask     Other     Right   Left   Low Cont. Suction   Fluctuates with R   NGT   To Suction   To Suction     NGT   To	Muscie Use Trachea Size Size On +c Respirations Other	Onlabored Other* Trach P v	Breath So  Wheez Care A  hest Tubes JWA	ces* Rel Venti Cough Posterior Gravity	Bilateral ees Dir lator V Noninvasive Require Product Right Low Co Fluctua Drainag	ninished*  AP Bundle Ventilator N  s Suctioning* tive  Nonp Left  ont Suction + ates with Resp	Rhonc   Se   Se   Ag   Ag   P   P   P   P   P   P   P   P   P	hi* Absent titings Checked einst Orders  1) re
Airway: Endotra  Size  Cannula  T-Piece  Chest Tubes  JiN/A  Gr  No  GASTROIN  Clamped  Abdomen	ARY Labore acheal Oral PAR Leve  ZLOZ  Anterior F  avity F  Air Leak F  Placem  Soft Wirender	Mask Other Right Left Low Cont. Suction Fluctuates with R NGT To Suction Rent Checked Bowel Soun	Muscle Use Trachea Size  on +c Respirations ction	m Coravity	Breath So  Wheez Care A  hest Tubes JWA	Cough  Posterior Gravity Io Air Leak	Bilateral es ' Dir lator V   Noninvasive   Product   Right   Low Co   Fluctua   Drainag	ninished*  AP Bundle Ventilator I <sup>N</sup> as Suctioning* tive	Rhonc Se Ag	hi* Absent titings Checked einst Orders  1) re _cm
Airway: Endotra  Size  Cannula  T-Piece Chest Tubes  No  GASTROIN  Clamped  Abdomen  Distended	Anterior   Fabore  Placerr  Soft   Fabore  Other	XLSymmet   Accessory     Nasal       Mask     Other     Right   Left   Low Cont. Suction   Fluctuates with R   NGT   To Suction   To Suction     NGT   To	Muscle Use Trackea Size  on +c Respirations cition	m Coravity	Breath Sc  Wheez Care A hest Tubes JWA	Cough Posterior Gravity Io Air Leak	Bilateral es ' Dir lator V   Noninvasive   Product   Right   Low Co   Fluctua   Drainag	ninished*  AP Bundle Ventilator 1 <sup>2</sup> as Suctioning* tive  Nonp Left ont Suction + ates with Resp a Color an Brown	Rhonc Se Ag	hi* Absent titings Checked einst Orders  1) re
Airway: Endotre  Size  T-Piece Chest Tubes  IN/A  Gr  Clamped Abdomen  Abdomen  PAIN SCALE  (0 - 10)	ARY Labore acheal Oral P Anterior F avity F Air Leak F Soft W Fender Other  2/10	Mask   Other     Low Cont. Suction   Fluctuates with R     NGT   To Suction   Absent	Muscle Use Trachea Size  On +C Respirations ction	To Gravity	Breath Sc  Wheez Care  A  hest Tubes JWA  D P  Incontiner	Cough Posterior Gravity Io Air Leak	Bilateral ee ' Dir lator V   Noninvasive   Product   Right   Low Co   Fluctua   Drainag   Gre   A- ontinent Systematics	ninished*  AP Bundle Ventilator 1 <sup>2</sup> as Suctioning* tive  Nonp Left ont Suction + ates with Resp a Color en  Brown	Rhonc See	hi* Absent titings Checked einst Orders  1) re _cm ther* .
Airway: Endotra  Size  Cannula  T-Piece Chest Tubes  No GASTROINT  Clamped Abdomen  Abdomen  PAIN SCALE  (0 - 10)	Anterior   Favity   Placem Soft   Placem   Other   Placem	XLSymmetor   XLSymmetor   Accessory if     Nasal     Mask     Other     Cother     Low Cont. Suction     Fluctuates with R     NGT   To Suction     To Suction     Absenting     Ohex . bath	Muscie Use Trachea Size Size On +c Respirations Sition	m Consulty Port Programmer Consulty Programmer	Breath Sc  Wheez Care  A  hest Tubes JWA  D P  Incontiner	Cough Cough Posterior Gravity to Air Leak eg  T Fecal Inc. cocation Air Co	Bilateral ees Dir lator V I Noninvasive Require Product Right Low Co Fluctua Drainag Gre A ontinent Syst vvvev at least even	ninished*  AP Bundle Ventilator N  as Suctioning* tive	Rhonc Se Ag	hi* Absent titings Checked einst Orders  1) re _cm ther* .
Airway: Endotra  Size  Cannula  T-Piece Chest Tubes  No GASTROINT  Clamped Abdomen  Abdomen  PAIN SCALE  (0 - 10)	Anterior Favity Placem Soft Wirender  Ory Other  Labore  Labore  Carbon  Leve  Carbon  Leve  Carbon  Leve  Carbon  Car	Mask   Other     North   Left     Low Cont. Suction     Fluctuates with R     NGT   To Suction     Absent     Absent     Other   Checked     Oth	Muscle Use  Trachea  Size  On +C  Respirations  ction	To Gravity	Breath So  Wheez Care A hest Tubes JUA  Po Incontiner	Cough Cough Posterior Gravity Io Air Leak  Gravity In Air Calco Cocation Air Calco Turned X Moves	Bilateral ee ' Dir lator V   Noninvasive   Product   Product   Right   Low Co   Fluctua   Drainage   Gre   A   ontinent Systematics of the product of the pr	ninished*  AP Bundle Ventilator I <sup>N</sup> as Suctioning* tive  Nonp Left ont Suction + ates with Resp a Color en  Brown Quality 5  V 2 hours	Rhonc Se /A Ag /P /P /A	hi* Absent titings Checked einst Orders  1) re _cm _ther* . Ostomy
Airway: Endotra  Size  Cannula  T-Piece Chest Tubes  No GASTROINT  Clamped Abdomen  Abdomen  PAIN SCALE  (0 - 10)	Anterior   Favity   Placem Soft   Placem   Other   Placem	Mask   Other     Country     Mask   Other     Country     Country     Low Cont. Suction     Fluctuates with Research     NGT   To Suction     Absent     Absent     Country     Application     Aspiration	Muscie Use Trachea Size Size On +c Respirations Sition	To Gravity No G	Breath Sc  Wheez Care  A  hest Tubes JWA  D P  Incontiner	Cough Cough Posterior Gravity to Air Leak eg  T Fecal Inc. cocation Air Co	Bilateral ees Dir lator V I Noninvasive Require Product Right Low Co Fluctua Drainag Gre A ontinent Syst vvvev at least even	ninished*  AP Bundle Ventilator 1  as Suctioning* tive  Nonp Left ont Suction + ates with Resp a Color en  Brown Quality y 2 hours y inent	Rhonc Se /A Ag /P	hi* Absent titings Checked einst Orders  1) re _cm _ther*Ostomy
Airway: Endotra  Size  Cannula  T-Piece  Chest Tubes  No  GASTROINT  Clamped  Abdomen  Abdomen  PAIN SCALE  (0 - 10)  SKIN	ARY Labore acheal Oral Placer Anterior F avity F Air Leak F FSTINAL Other Other Warm Chlor Dry Oth Seizure High Risk	Mask   Other     Nother   Right   Left     Low Cont. Suction     Fluctuates with R     NGT   To Suction     Absent     Absent     Aspiration     Aspiration	Muscle Use Trachea Size Size On + Control Respirations Clion	To Gravity No Gi UI	Breath Sc  Wheez  Care  hest Tubes  JWA  Princontiner  Stool  ENITO  RINARY  Cloudy	Cough  Cough  Posterior  Cavity to Air Leak  Turned  Voiding Other*	Bilateral es Dir lator V Noninvasive Require Product Right Low Co Fluctua Drainage Gre A- ontinent Syst vvvev at least even Independenti Foley	ninished*  AP Bundle Ventilator IN  as Suctioning* tive	Rhonc Se A A A A A A A A A A A A A A A A A A	hi* Absent titings Checked einst Orders  1) re _cm _ther*Ostomy
Airway: Endotre  Size  Cannula  T-Piece  Chest Tubes  Jin/A  Gr  No  GASTROIN  Clamped  Abdomen  Abdomen  Abdomen  PAIN SCALE  (0 - 10)  SKIN  PRECAUTIONS	Anterior   Facet   Constitution   Constitution   Facet   Constitution   Constitut	Mask   Other     Other     Right   Left     Low Cont. Suction     Fluctuates with R     NGT   To Such     To Such     Absent     Othex   Absent     Aspiration     Idea   Contact     Idea   Contact     Contact   Contact     Idea   Idea   Idea     Idea   Idea   Idea   Idea     Idea   Idea   Idea   Idea     Idea   Idea   Idea   Idea     Idea   Idea   Idea   Idea     Idea   Idea   Idea   Idea     Idea   Idea   Idea	Muscie Use Trachea Size Size  On +c Respirations Sition	To Gravity    Jicer   Jicer   Uli	Breath So  Wheez Care  Thest Tubes Thia  Incontiner  Stool	Cough  Cough  Posterior  Cavity to Air Leak  Turned  Voiding Other*	Bilateral es Dir lator V Noninvasive Require Product Right Low Co Fluctua Drainage Gre A- ontinent Syst vvvev at least even Independenti Foley	ninished*  AP Bundle Ventilator N  as Suctioning* tive	Rhonc Se A A A P P Poroductions C C Foley ( C C C C C C C C C C C C C C C C C C C	hi* Absent titings Checked einst Orders  (1) re  cm  Checked einst Orders
Airway: Endotre  Size  Cannula  T-Piece  Chest Tubes  Jin/A  Gr  No  GASTROIN  Clamped  Abdomen  Abdomen  Abdomen  Abdomen  Abdomen  SAIN  SKIN  PRECAUTIONS	Anterior   Facety   Constitution   C	Mask   Other     Other     Right   Left     Low Cont. Suction     Fluctuates with R     NGT   To Such     To Such     Absent     Othex   Absent     Aspiration     Idea   Contact     Idea   Contact     Contact   Contact     Idea   Idea   Idea     Idea   Idea   Idea   Idea     Idea   Idea   Idea   Idea     Idea   Idea   Idea   Idea     Idea   Idea   Idea   Idea     Idea   Idea   Idea   Idea     Idea   Idea   Idea	Muscle Use Trachea Size Size On + Control Respirations Clion	To Gravity No Gi UI	Breath Sc  Wheez  Care  hest Tubes  JWA  Princontiner  Stool  ENITO  RINARY  Cloudy	Cough  Cough  Posterior  Cavity to Air Leak  Turned  Voiding Other*	Bilateral es Dir lator V Noninvasive Require Product Right Low Co Fluctua Drainage Gre A- ontinent Syst vvvev at least even Independenti Foley	ninished*  AP Bundle Ventilator IN  as Suctioning* tive	Rhonc Se A A A P P Poroductions C C Foley ( C C C C C C C C C C C C C C C C C C C	hi* Absent titings Checked einst Orders  1) re _cm _ther*Ostomy
Airway: Endotre  Size  Cannula  T-Piece  Chest Tubes  Jin/A  Gr  No  GASTROIN  Clamped  Abdomen  Abdomen  Abdomen  PAIN SCALE  (0 - 10)  SKIN  PRECAUTIONS	Anterior   Facet   Constitution   Constitution   Facet   Constitution   Constitut	Mask   Other     Nasal     Mask   Other     Right   Left     Low Cont. Suction     Fluctuates with R     NGT   To Suction     Absent     Absent     Aspiration     (mm)   6     4   5   6	Muscie Use Trachea Size Size  On +c Respirations Sition	To Gravity No Gi UI	Breath Sc  Wheez  Care  hest Tubes  JWA  Princontiner  Stool  ENITO  RINARY  Cloudy	Cough  Cough  Posterior  Cavity to Air Leak  Turned  Voiding Other*	Bilateral es Dir lator V Noninvasive Require Product Right Low Co Fluctua Drainage Gre A- ontinent Syst vvvev at least even Independenti Foley	ninished*  AP Bundle Ventilator IN as Suctioning* tive  Nonp Left ont Suction + ates with Resp as Color an Brown Quality Y 2 hours y inent D/Cd* Dialysis Hemodia	Rhonc Se A A A P P Poroductions C C Foley ( C C C C C C C C C C C C C C C C C C C	hi* Absent titings Checked einst Orders  1) re _cm _ther*Ostomy
Airway: Endotre  Size  T-Piece Chest Tubes  IN/A  GASTROINI  Clamped Abdomen  Abdomen  Abdomen  PAIN SCALE  (0 - 10)  SKIN  PRECAUTIONS  Solation  Aird  *RN note require	Anterior   Facet   Constitution   Constitution   Facet   Constitution   Constitut	Mask   Other     Nasal     Mask   Other     Right   Left     Low Cont. Suction     Fluctuates with R     NGT   To Suction     Absent     Absent     Aspiration     (mm)   6     1   1     1   1     2   1     3   1     4   5   6     7   7     1	Muscie Use Trachea Size Size  On +c Respirations ction	To Gravity No Gi UI	Breath Sc  Wheez  Care  hest Tubes  JWA  Princontiner  Stool  ENITO  RINARY  Cloudy	Cough  Cough  Posterior  Cavity to Air Leak  Turned  Voiding Other*	Bilateral ee ' Dir lator V Noninvasive Require Product Right Low Co Fluctua Drainage Gra A- ontinent Syst vvvev at least even Independenti Incont Foley w	ninished*  AP Bundle Ventilator IN as Suctioning* tive  Nonp Left ont Suction + ates with Resp as Color an Brown Quality Y 2 hours y inent D/Cd* Dialysis Hemodia	Rhonc Se A A A P P Poroductions C C Foley ( C C C C C C C C C C C C C C C C C C C	hi* Absentitings Checked einst Orders  1) ce _cm _ther*.

	Brook	ran Medical Iyn, New Yor	k 11220		4 Patient MR	#: Gt #: Gme: VINS(	N STEPH	En	····	
C	ritical-Ca	are/Prog	ressive C	are					Bir	th Date
IMPORTANT:	Nu	irsing Re	cord		Bhreic Dr	mit Date c: SCU 42 : 9928 T	202P CH RAUMA, N	LOC: EMR		
<ol> <li>Provider, sign yo</li> <li>DO NOT USE t</li> </ol>	he following abb	reviations: II III	, QD, QOD, MS,		I IIyak		U INCHESTÍ SE	lit		
MSO4, MgSO4	4. μ (write "mi	cro"), use 0.1 no	t.1; use 2 not 2	.0	11		uent into	ormation L	abel n	)
		shift.	] FFc bo same t	de de d	□icu	□міси	SICU	□ ccu	Respir	ratory Stepdown
26/12	8	AM OPM	To be comple least once per	ried at shift]	☐ Inter	mediate	¹ □ PCI	Unit	☐ Post (	Эp
Activity	31/		ર	Clinic	al alarms r	eviewed a	and indivi	dualized	. ,	
NEUROLOGI		LOC: Respons	iveness∕i ∧∐ Pain	Orie	ntation (X	Person	Speech	90 Co	herent [	Incoherent
See Neurologia Grips: Right		/ΔJ Verbal	Unresponsive		A Place	7Z Time	Slurr	ed 🗆 Apr	nasic 🔲	Intubated/Trach
Strong	K Moves Sponi ☐ Weak		nmands Contracted	□ N/A	Grips: Left			eously to Co		
Pupils: Right	Reactive	TLIBOUR F	Size	LINA	Strong Pupils: Left	☐ We		Flaccid i	Contrac	ted N/A
	Dilated 🗆		J N/A		□ Fi			Constricted	□ N/A	OLLO
CARDIOVASC	ULAR	DVT Prophylax	Mechanical	6	1		Eder		<u>A</u>	
See Vascular		L			Pharmacolo	gy		Absent	t APP	resent"
PULSES: Paipa Dopp		AL: Right			IS: Right	#Ti_en	POST		Right	#21 Left
Abse		☐ Right ☐ Right	□ Left □ Left	PEDIS	☐ Right			_	Right	Left
PACEMAKER:			1-011	•		C) Call		· ·	Right	☐ Left
☐ Temporary N		Rate		Pe	manent	☐ AICD		ICD/Pacema	aker	-
HEMODYNAN	5. 1/2 8	PRING	N/A							
Afterial LINE via (	Ked	ins D	sertion / J/13	L	JLM ART CAT		$\frac{1}{2}$	A	Insertio	ก
Square Wave to	est completed		1-10-00		alloon inflation Square Wave		60 1	1	Date	<del></del>
	Respiration	Symme	trical 🗓 Noni	<del>- 1</del>	Breath Sound	- 7	1		Othe	•
PULMONARY	Labored		Muscle Use		☐ Wheezes*		Bilaterail	y Clear ninished* [		
Airway: Endotrache		☐ Nasal	Trachea		-are		tor 🗆 V			Absent*
Size n	Level	,	Stze		, <b></b> .	ł	Voninvasive			nst Orders
A Cannula O	WC	☐ Mask			<u> </u>	Couch		s Suctioning	•	<del></del>
T-Piece		Other						ive Non		
Chest Tubes An	terior Rig	iht Left		/ 34	est Tubes		Right	Left	prozective	
N/A ☐ Gravit	v 🗆	Low Cont. Sucti	on +cm	(LEZ)	N/A ☐ Grav		_	ont. Suction		
☐ No Air		Fluctuates with I			□ No A			nic success ites with Res		in 12
GASTROINTE	STINAL N	IGT To Su	ction T	o Gravity	☐ Peg		Drainage		ASOI	PMA
☐ Clamped ,	☐ Placeme		Other	o o.c,	₩. <del></del>		_	en □ Brow	vi Olov	med a seco
Abdomen X Sof			nds Herbi	) 1	ncontinent		1		0400	gracius
☐ Distended ☐	Other*	☐ Absen	Parent		Stool [	Fecal Incor	itinent Syst	em		Ostomy
PAIN SCALE	1				Loca	ation		Quality		****
(0 - 10) // ( <b>X</b> ) W:	<del></del>		Pressure Ulo		<del>-</del>	<del></del>				
SKIN (S)		pė.		No No		X Turned a ☐ Moves in				
		☐ Aspiration	Other	- B	<del></del>	☐ Voiding	☐ Incont	<u></u>	Foley ca	Tre
PRECAUTIONS	⊠ High Risk					Other*	☐ Foley	1/1	Due to v	
legistics 🗀			Urine ()			Yellow		Dialysis	Peri	
Isolation			☐ Conce	`	☐ Hematuria	~ \		Hemodi		
*RN note required	Pupil Size (ı	mm) 	7 8	9						
1 1	2 3	4 🏝 🖎								
RN Signature	2	<u> </u>	RN Signature				RN Signat	1 miles	<del></del>	· · · · · · · · · · · · · · · · · · ·
#A	_ Ken		rva officina				ray osgnat	rd C	•	
fint Name	)/		Print Name		·		Print Name	<del></del>		<del></del>
Ibstant	LOMI	NY MILL								
	~V	1								<del></del>

Editional modical of the	Name (Last, First) ( Acct #: Name: VINSON, STEPHEN
Brooklyn, New York 11220	Sex: M DOB: 12/22/2013
Critical-Care/Progressive Care  Medical I  Medical I  Physicial  Physicial	Dr: 9928 TRAUMA, NEMR
Provider, sign your name; enter date and time.	r's Name
2 DO NOT USE the following abbreviations: U, IU, QD, QOD, MS, MSO4, MgSO4, µ (write "micro"), use 0.1 not .1; use 2 not 2.0	Patient Information Label
I, PHYSICAL ASSESSMENT	□ MICU X SICU □ CCU □ Respiratory Stepdown
Date 27/12 Time Shift To be completed at least once per shift]	termediate PCI Unit Post Op
Activity BR Clinical alarms	reviewed and individualized
NEUROLOGICAL LOC: Responsiveness Orientation	Person Speech Coherent Incoherent
See Neurological Flowsheet	
Grips: Right Moves Spontaneously to Commands Grips: Lef	
Strong ☐ Weak ☐ Flaccid ☐ Contracted ☐ N/A ☐ Strong  Pupils: Right ☐ Reactive Size Pupils: L	The second secon
	Fixed Dilated Constricted N/A 3mm
CARDIOVASCULAR DVT Prophylaxis	ology Absent Present*
See Vascular Flowsheet SCD'S Mechanical Pharmac	<u>"                                    </u>
PULSES: Palpable RADIAL: Right Left DORSALIS: Right Left PEDIS Right	
Doppler ☐ Right ☐ Left PEDIS ☐ Ri Absent* ☐ Right ☐ Left ☐ Ri	
PACEMAKER:	
☐ Temporary Milliamperes	☐ AICD ☐ AICD/Pacemaker
HEMODYNAMIC MONITORING N/A  Aderial LINE via (R) Yad ia Valinsertion 12 /22 /23 PULM ART	P/A
	CATH via Insertion   line for PCWP Date
	/ave test completed
Respirations Symmetrical Nonlabored Breath So	Bilaterally Clear Other*
PULMONARY Labored Accessory Muscle Use Other Whee	
Airway: Endotracheal Oral Nasal Trachea Trach Care	☐ Ventilator ☐ VAP Bundle ☐ Settlings Checked Against Orders
Size N/A Level Size N/A	□ Noninvasive Ventilator トンカ Agamst Orders
Acannula 21 02 NC · Mask	Cough Requires Suctioning*
☐ T-Piece ☐ Other	P ↑ Productive □ Nonproductive
Chest Tubes Anterior ☐ Right ☐ Left ☐ Chest Tube	s Posterior 🗌 Right 🔲 Left
Gravity	Gravity
E NO All LORN	No Air Leak
GASTROINTESTINAL NGT To Suction To Gravity	Peg Drainage Color
□ Clamped □ Placement Checked □ Other N/A	☐ Green ☐ Brown ☐ Other P/A
Abdomen Soft Tender Bowel Sounds Inconting	ent N/A- N A Ostomy ☐ Fecal Incontinent System
C Distances C C C	Location Quality
PAIN SCALE (0 - 10)	
Xwarm chlorohex, bath Pressure Ulcer	ATumed at least every 2 hours bed on opti-rest
SKIN Dry Other* Yes* No	Moves Independently
Seizure Aspiration Other GENITO	☐ Volding ☐ Incontinent ☐ Foley care
PRECAUTIONS	Pinkein   District
Solation   Airborne   Droplets   Contact   Urine   Clear   Clox	
*RN note required Pupil Size (mm)	
RN Signature RN Signature	RN Signature
Print Name A ROYA J CINWPN Print Name	Print Name

Lutheran Medical Center Discours	atient's MR #: Acct #: Name: VINSON, STEPHEN
Critical-Care/Progressive Care	Andigot Sex : 17 Date 12/22/2013 Birth Date
Manager Deserves 1997	Loc: SCU 4202P Ch Loc: Dr: 9928 TRAUMA, NEMR Physician august 1 1 1 1 1 1
1. Provider, sign your name; enter date and time. 2. DO NOT USE the following abbreviations: U, IU, QD, QOD, MS,	
MSO4 , MgSO4, μ (write "micro"), use 0.1 not .1 ; use 2 not 2.0	Patient Information Label
I. PHYSICAL ASSESSMENT	□ ICU □ MICU ▼ SICU □ CCU □ Respiratory Stepdown
Date 28/12/13 Time & Shift AM X PM [To be completed at least once per shift]	☐ Intermediate ☐ PCI Unit ☐ Post Op
1 Activity	alarms reviewed and individualized
NEUROLOGICAL LOC: Responsiveness Oriental	tion Speech Coherent Incoherent
See Neurological Flowsheet	☑ Place ☑ Time ☑ Siurned ☑ Aphasic ☑ Intubated/Trach  Ips: Left ☑ Moves Spontaneously to Commands
Grips. Right Re Moves Sportaneously to Schallen	Strong
Punite: Pight S Departing Size Pr	upils: Left Reactive Size
☐ Fixed ☐ Dilated ☐ Constricted ☐ N/A ☐ STITETO	Fixed Dilated Constricted N/A STYTEE
	harmacology ZAbsent Present*
LI See Vescular Flowsheet	Right Ceft POST TIBIAL: Right Left
PULSES: Palpable RADIAL: Right Left DORSALIS: Doppler RIght Left PEDIS	Right Left Right Left
Absent* Right Left	☐ Right ☐ Left ☐ Right ☐ Left
PACEMAKER:    Temporary Milliamperes   Perm	anent AICD AICD/Pacemaker
HEMODYNAMIC MONITORING XN/A	419
Administration PULI	M ART CATH via insertion
Distal Circulation Intact	on infletion for PCWP Date guare Wave test completed
LJ Square Wave test completed	reath Sounds Bliaterally Clear Other
Symmetrical Nonlabored	Wheezes* Rales* Diminished* Rhonchi* Absent*
Airway: Endotracheal Orai Nasal Trachea Trach Ca	re
Size NIA Level Size NIA	
Mask	Cough Requires SuctionIng* P
T-Piece Other	Productive Nonproductive
Culest troes where District Test	
□ Gravity □ Low Cont. Suction +cm	☐ Gravity ☐ Low Cont. Suction +cm ☐ No Air Leak ☐ Fluctuates with Respirations
□ No Air Leak □ Fluctuates with Respirations	Orainage Color
GASTROINTESTINAL NGT To Suction To Gravity	☐ Peg Drainage Color ☐ Green ☐ Brown ☐ Other*
Clamped Placement Checked Clother	
Abdomen & Suit Li Talua Anderson Terror	Stool ☐ Fecal Incontinent System N A Ostomy
PAIN SCALE OF THE PAIN SCALE	Location Quality
(0-10)	X Turned at least every 2 hours bed on Optinest
SKIN	☐ Moves Independently
ADAY LI OTHER	NITO Volding Incontinent Foley care
PRECAUTIONS High Risk	RINARY Other Li Foley D/C'd Li Due to void
Isolation   Airborne   Droplets   Contact   Concentrated	☐ Cloudy Yellow Dialysis ☐ Peritoneal ☐ Hemodialysis ☐ P
RN note required Pupil Size (mm) 8 7 8 9	
*RN note required Pupil Size (mm)  RN Signature  RN Signature  Print Name  Print Name	
RN Signature RN Signature	RN Signature
RN Signature	
Print Name ATION J CIN W PN Print Name	Print Name
E ATION'S CITY	·

OUL O SEA PROBLEM #: COM	
Lutheran Medical Center Side 3 of a Falls Acct # VINSON S	TEPHEN
Brooklyn, New 101x 11220 L Sex: N	Dist Date
Critical-Care/Plogressive Care	A, NEMR
INDOPTANT NUISING RECORD Physic   Physic     11   11   11   11   11   11   11	
1. Provider, sign your name; enter date and time. 2. DO NOT USE the following abbreviations: U, IU, QD, QOD, MS,	nt Information Label ()
MSO4 , MgSO4, II (write "micro"), use 0.1 not.1; use 2 not.2.0	······································
,, ( ) ( ( <del>( ) ) = 1   0   = 1   1   1   1   1   1   1   1   1  </del>	SICU CCU Respiratory Stepdown
Date   Time   Shift   To be completed at least once per shift   Intermediate	PCI Unit Post Op
Activity Colo > Chair	
LOC: Responsiveness Orientation Derson	peech: Coherent Incoherent
San Navaderical Structured   Verbal   Linresponsive   Place   Time	
Grips: Right All Moves Spontaneously to Commands Grips: Left Moves	Spontaneously to Commands
Strong Weak Flaccid Contracted N/A Strong Weak	
Pupils: Right Screedive Size Pupils: Left Reactive	
☐ Fixed ☐ Dilated ☐ Constricted ☐ IVA	Edema:
CARDIOVASCULAR  DVT Prophylaxis  Mechanical  Pharmacology	☐ Absent ☐ Present*
The plant Dope Alie Which Heft	POST TIBIAL: Right Left
Doppler Right Left PEDIS Right Left	∏ Right ☐ Left ☐ Right ☐ Left
Absent*	□ Riģht □ Left
PACEMAKER: ☐ Temporary Milliamperes Rate ☐ Permanent ☐ AICD	☐ AICD/Pacemaker
Li Temporary Miliantpares	
DIR MADE CATH ME NO	Insertion
Arterial Line via Date Balloon inflation for PCWP	Date
☐ Square Wave test completed ☐ Square Wave test completed	d
1 to the second	Bilaterally Clear Other*
PULMONARY Labored Accessory Muscle Use Other Wheezes Acles*	☐ Diminished* ☐ Rhonchi* ☐ Absent*
Airway: Endotrecheal Oral Nasal Trachea Trach Care Ventilate	r 🔲 VAP Bundle 🔲 Settings Checked Against Orders
Cha DN	Against Ordes
Cough	Requires Suctioning*
Cannula Cannula O.	☐ Productive ☐ Nonproductive
T-Piece Dotter / Copyria   Destarios   Destarios	Right Left
Chest tubes Attend Li Right Li Leit	<b>y</b>
Gravity Low Cont. Suction +cm	Low Cont. Suction +cm Fluctuates with Respirations
LJ No Air Leak LJ Fluctuates with respirations	
GASTROINTESTINAL NGT To Suction To Gravity Peg	Drainage Color Second
☐ Clamped ☐ Placement Checked ☐ Other NPO X mass	Green Brown Wather GP + Hake
Abdomen Soft Tender Bowel Sounds Incontinent	Ostomy
□ Distended □ Other* □ Absent* ☑ Present □ Stool □ Fecal Incor	Quality
PAIN SCALE \ O	oches
(0-10) / // D	t least every 2 hours
SKIN Moves in	
Dry Other Dyelding	☐ Incontinent ☐Foley care
PRECAUTIONS ASPIRATION LICENSARY DOTHER	☐ Foley D/C'd* ☐ Due to void
High Risk Urine   ☐ Cloudy  ☐ Yellow	
Isolation Airborne Droplets D Contact D Concentrated D Rematuria D	☐ Hemodialysis ☐
*RN note required Pupil Size (mm) 7 8 9	
-Kita linta ladulian A wen and the same of	•
RN Signature RN Signature	RN Signature
RN Signature RN Signature	
*RN note required Pupil Size (mm)  RN Signature  RN Signature  Print Name  Print Name	RN Signature Print Name

Lut	heran Medical Center	Side 3 of 4	Patient's Name	() and Elmin /Fil Frame and	
Critical-	oklyn, New York 11220		-· <b> -</b>	Ocet #:	
IMPORTANT:	Care/Progressive	e Care	Medical Record	Name: VINSON STER	PHEN th Date
1. Provider cian	lursing Record		Physician's No.	Admit Date: 12/2: Loc: SCU 4202P ( Dr: 9928 TRAUMA,	2/2013 Ch_Loc:
MSO4 MgSO4 U Augito	opreviations: U, IU, QD, QOD, (	MS,	, nysolatis Na	Dr: 9928 TRAUMA,	NEMR
PHYSICAL ASSESSAL	ENT	ot 2,0			<b>∥∥</b>
Date 13 Time 19 30 13	Shift	=mlata   _ a	□ icu 🗀	MICU DISICU DO	Cit Daniel ()
Activity (1875)	AM PM least once	per shiff]	☐ Intermedia	ate   PCI Unit	
Activity (187)		M Clinical	·	OIN	☐ Post Op
NEUROLOGICAL	LOC: Responsiveness		ation od -	wed and individualiz	zed
Grips: Right Augus 6	☑ Alert ☐ Pa ☐ Verbai ☐ Unrespon	#n	ys-erso		Coherent Incoherent
(D) Common Spo	maneously to Commands			Time Sturred	Anhoris Plan
Pupils: Right IX Reactive	Flaccid Contracted	□ N/A	H-TOOLIN	Moves Spontaneously to □ Weak □ Flaceld	o Commands
Fixed District C	Constricted N/A	amm P	upils: Left 💢	Reactive	LINA
CARDIOVASCULAR	TOWN CTOWN YEARS		☐ Fixed	Dilated . Constric	cled IN/A Drum
See Vascular Flowsheet PULSES: Patrable BAD	Mechanica	<b>a</b> d □ p <sub>l</sub>	harmacology	Edema:	sent Present*
PULSES: Palpable RAD Doppler	IAL: Right KLeft	DORSALIS:	Right K		- Total
Absent*	□ Right □ Left □ Right □ Left	PEDIS	Right (	Left	Right Left
Temporary Milliamperes	<u> </u>		Right D	eft	☐ Right ☐ Left
HEMODYNAMIC MONITO	Rate	Permar	nent 🔲 A	ICD Harone	
Arterial LINE vie				ICD AICD/Pac	emaker
Distal Circulation Intact	Insertion Date	PULM.	ART CATH via_		
☐ Square Wave test completed		- Balloon	inflation for PCW	/P	Insertion Date
PULMONARY	s Symmetrical Nor	nisbored Brea	are Wave test cor	npleted	
Airway: Engleton	Accessory Muscle Use	1		Bilaterally Clear	☐ Other*
Airway: Endotracheal	LAccessory Muscle Use	Other   Fig.	/heezes*	ales* Diminished*	Rhonchi* Absent*
Afrway: Endotracheal	LAccessory Muscle Use	1	/heezes* □ R	ales* Diminished* ntilator VAP Bundle	Rhonchi* Absent*
Airway: Endotracheal	☐ Nasat	Other   Fig.	/heezes* ☐ R	ales* Diminished*  Ittilator VAP Bundle  Noninvasive Ventilator	Rhonchi* Absent*  Settings Checked Against Orders
Airway: Endotracheal	Accessory Muscle Use	Other   W	/heezes*	ales* Diminished* ntilator VAP Bundle Noninvasive Ventilator Requires Suctionis	Rhonchi* Absent*  Settings Checked Against Orders
Airway: Endotracheal	Accessory Muscle Use  Nasal Trachea   Size   Mask   Other   Left	Other W	/heezes*	ales* Diminished* httlator VAP Bundle Noninvasive Ventilator Requires Suctioni	Rhonchi* Absent*  Settings Checked Against Orders
Airway: Endotracheal	Accessory Muscle Use  Nasat Trachea   Size   Mask   Other   Left   DW Cont. Suction + Com	Other	/heezes*	ales* Diminished*  Intilator VAP Bundle  Noninvasive Ventilator Requires Suctioni Productive DN  Right Left	Rhonchi* Absent*  Settings Checked Against Orders  ng*  onproductive
Airway: Endotracheal	Accessory Muscle Use  Nasal Trachea Size  Mask Other Room ( t	Other	/heezes*	ales* Diminished*  Intilator VAP Bundle  Noninvasive Ventilator Requires Suctionin Productive N Right Left Low Cont. Suction	Rhonchi* Absent*  Settings Checked Against Orders  ang*  comproductive
Airway: Endotracheal	Accessory Muscle Use  Nasai Trachea   Size   Mask   Other   Left   Dw Cont. Suction + cm   Suctuates with Respirations   T	Other	/heezes*	ales* Diminished* httlator VAP Bundle Noninvasive Ventilator Reculres Suctioni Productive NN Right Left Low Cont. Suction Fluctuates with Re	Rhonchi* Absent*  Settings Checked Against Orders  ang*  comproductive
Airway: Endotracheal	Accessory Muscle Use	Chest Tu	/heezes*	ales* Diminished*  Intilator VAP Bundle  Noninvasive Ventilator Requires Suctioni Productive No Right Left Low Cont. Suction Fluctuales with Re  Drainage Color	Rhonchi* Absent*  Settings Checked Against Orders  onproductive
Airway: Endotracheal	Accessory Muscle Use	Chest To N/A	/heezes*	ales* Diminished* Intilator VAP Bundle Intilator VA	Rhonchi* Absent*  Settings Checked Against Orders  onproductive
Airway: Endotracheal	Accessory Muscle Use	Chest Tu	/heezes*	ales* Diminished*  Intilator VAP Bundle  Noninvasive Ventilator Requires Suctioni Productive No Right Left Low Cont. Suction Fluctuales with Re  Drainage Color	Rhonchi* Absent*  Settings Checked Against Orders  onproductive
Airway: Endotracheal	Accessory Muscle Use	Chest Tu Chest Tu N/A Gravity Incontin	/heezes*	ales* Diminished* Intilator VAP Bundle Intilator VA	Rhonchi* Absent* Settings Checked Against Orders  against Orders  comproductive
Airway: Endotracheal	Accessory Muscle Use	Chest Tu Chest Tu N/A Gravity Incontin	/heezes*	ales* Diminished* Intilator VAP Bundle Intilator Intilator VAP Bundle Intilator	Rhonchi* Absent* Settings Checked Against Orders  against Orders  comproductive
Airway: Endotracheal	Accessory Muscle Use	Chest Tu Chest Tu N/A Gravity Incontin	Cough  Cough  Gravity  No Air Leak  Peg  nent  Location  Turned	ales* Diminished* Intilator VAP Bundle Intilator VA	Rhonchi* Absent* Settings Checked Against Orders  against Orders  comproductive
Airway: Endotracheal	Accessory Muscle Use	Chest Tu Chest Tu N/A Incontin	/heezes*	ales* Diminished* Intilator VAP Bundle Intilator VA	Rhonchi* Absent*  Settings Checked Against Orders  ng* onproductive
Airway: Endotracheal	Accessory Muscle Use	Chest Tu Chest Tu N/A Gravity Incontin	Cough   Coug	ales* Diminished* Intilator VAP Bundle Intilator VA	Rhonchi* Absent* Settings Checked Against Orders  ng* comproductive  +cm espirations  wn  Other*  Ostomy
Airway: Endotracheal	Accessory Muscle Use	Chest To Stool  Inconting  No  GENITO  URINARY  Clear   Cloud	Cough   Coug	ales* Diminished* Intilator VAP Bundle Intilator VA	Rhonchi* Absent* Settings Checked Against Orders  ng* conproductive
Airway: Endotracheal	Accessory Muscle Use	Chest Tu Chest Tu Chest Tu N/A Incontin	Cough   Coug	ales* Diminished* Intilator VAP Bundle Intilator VA	Rhonchi* Absent* Settings Checked Against Orders  ng* conproductive
Airway: Endotracheal	Accessory Muscle Use	Chest To Stool  Inconting  No  GENITO  URINARY  Clear   Cloud	Cough   Coug	ales* Diminished* Intilator VAP Bundle Intilator VA	Rhonchi* Absent* Settings Checked Against Orders  ng* conproductive
Airway: Endotracheal	Accessory Muscle Use	Chest To Stool  Inconting  No  GENITO  URINARY  Clear   Cloud	Cough   Coug	ales* Diminished* Intilator VAP Bundle Intilator VA	Rhonchi* Absent* Settings Checked Against Orders  ng* conproductive
Airway: Endotracheal	Accessory Muscle Use	Chest To Stool  Inconting  No  GENITO  URINARY  Clear   Cloud	Cough   Coug	ales* Diminished* Intilator VAP Bundle Intilator VA	Rhonchi* Absent* Settings Checked Against Orders  ng* conproductive
Airway: Endotracheal	Accessory Muscle Use	Chest To Stool  Inconting  No  GENITO  URINARY  Clear   Cloud	Cough   Coug	ales* Diminished* Intilator VAP Bundle Intilator VA	Rhonchi* Absent* Settings Checked Against Orders  ng* conproductive